

MISSOURI OUTBREAK SURVEILLANCE FORM

ID: _____ OUTBREAK NAME: _____ ENTRY DATE: _____

PERSON RECEIVING REPORT: _____

REPORT DATE: _____

REPORTED BY: (check 2-digit code)

- | | | |
|----------------------------------|--------------------------------|---|
| 01 Local Health Dept | 05 Nursing Home/Long Term Care | 09 Private Physician/Health Care Provider |
| 02 Regional Office | 06 Child Care | 10 Private Citizen |
| 03 Hospital | 07 School/College | 11 Other State Agency |
| 04 Laboratory (non-hospital lab) | 08 Industry Worksite | 12 Other, specify _____ |

DATE OF REPORT TO LOCAL HEALTH AGENCY: _____

EVENT DESCRIPTION: (circle 2-digit code)

- | | | |
|----------------------------------|---------------------------|-------------------------|
| 01 Outbreak or possible outbreak | 04 Cluster of Events | 07 Other, specify _____ |
| 02 Case Report | 05 Sensitive Event | |
| 03 Toxic Exposure | 06 Artifact (false alarm) | |

CRITICAL EVENT DATE: _____

Number of persons reported ill: _____ Attack Rate: _____

Number of persons hospitalized: _____

Number of reported deaths: _____

Estimated number of persons exposed/at risk: _____

SUSPECTED LOCATION OF EXPOSURE:

In state ☐ Out of State ☐ Out of Country ☐
County: _____ State: _____ Country: _____

GENERAL CATEGORY: (circle 2-digit code)

- | | |
|---|---|
| 01 Infectious Disease | 05 Environmental Hazard (noninfectious) |
| 02 Special Syndrome (Reye, Kawasaki, GBS) | 06 Occupational Hazard (noninfectious) |
| 03 Injury/Trauma | 08 Other, specify: _____ |
| 04 Chronic Disease | 09 Unknown |

SUSPECT MODE OF TRANSMISSION: (circle 2-digit code)

- | | | |
|-----------|---------------------------------|---------------------------|
| 01 Food | 04 Air | 07 Environmental Exposure |
| 02 Water | 05 Person-to-person | 08 Worksite Exposure |
| 03 Vector | 06 Medical Procedure/Medication | 09 Other, specify: _____ |

What is the specific suspect vehicle (product) or vector? _____

EXPOSURE SETTING/POPULATION AT RISK: (circle 2-digit code)

- | | | |
|-----------------------------------|----------------------------|---|
| 01 Camp | 09 Immigrant/Alien | 18 Institution/Prison |
| 02 Childcare | 10 Military Base/Camp | 19 Healthcare Facility/Hospital/
Clinic/Medical Care Site/
Nursing/Long Term Care |
| 03 Church/Temple | 12 Occupational/Workplace | |
| 04 Club/Health Spa | 14 Resort/Hotel | |
| 05 Disaster (natural or man-made) | 15 Restaurant/Food Service | 88 Other, specify |
| 06 General Community | 16 School/College | 99 Unknown |
| 07 Home/Private Gathering | 17 Catered Event | |

SPECIFIC CAUSE: (circle 3-digit code)

- | | | |
|--|------------------------------|----------------------------------|
| 151 AGI* | 048 Hepatitis, NANB | 103 Reye Syndrome |
| 056 AIDS | 012 Hepatitis (unspecified) | 105 Rheumatic Fever |
| 104 Amebiasis | 106 Influenza | 025 Rocky Mountain Spotted Fever |
| 217 ARI** | 049 Legionellosis | 020 Rubella |
| 001 Aseptic Meningitis | 038 Hansen Disease (Leprosy) | 100 Salmonella, serotype: _____ |
| 152 Bacillus cereus | 039 Leptospirosis | 225 Scabies |
| 053 Botulism, foodborne | 158 Listeriosis | 160 Scombrototoxin |
| 002 Brucellosis | 108 Lyme disease | 101 Shigellosis |
| 102 Campylobacteriosis | 013 Malaria | 200 Silicosis |
| 003 Chickenpox | 050 Measles (indigenous) | 161 S. Aureus |
| 153 Ciguatoxin | 051 Measles (imported) | 219 S. Aureus - MRSA*** |
| 154 C. perfringens | 016 Meningococcal infection | 162 Strep group A |
| 155 Cryptosporidiosis | 018 Mumps | 032 Syphilis |
| 004 Diphtheria | 555 Norwalk-Like Virus | 021 Tetanus |
| 156 E. coli O157:H7 | 019 Pertussis | 052 Toxic Shock Syndrome |
| 005 Encephalitis, primary | 044 Plague | 027 Trichinosis |
| 218 Fifth Disease | 041 Polio, (paralytic) | 022 Tuberculosis |
| 157 Giardiasis | 045 Psittacosis | 023 Tularemia |
| 029 Gonorrhea | 159 Pseudomonas | 024 Typhoid Fever |
| 011 Hepatitis A | 034 Rabies (animal) | 026 Typhus (murine) |
| 010 Hepatitis B | 046 Rabies (human) | 047 V. cholerae - 01 |
| 777 Environmental hazard or toxin: specify _____ | | 226 V. cholerae non-01 |
| 888 Other, specify _____ | | 163 V. parahaemolyticus |

999 Unknown***Acute Gastrointestinal Illness of unknown etiology******Acute Respiratory Illness of unknown etiology*******Methicillin-resistant Staphylococcus aureus (MRSA)****LEVEL OF INVESTIGATION BY LOCAL AGENCY:**

- | | | |
|--|---|--------------------------------|
| 01 Received report | 04 Onsite visit or assistance | 06 Referred to Regional office |
| 02 Handled by other person/office/agency | 05 Primary responsibility for investigation | |
| 03 Consultation is provided by phone or mail | Responsible agency: _____ | |

SHADED AREAS TO BE COMPLETED BY REGIONAL OFFICE

LEVEL OF INVESTIGATION**REGION: _____**

- | | | |
|--|---|---|
| 01 Received report | 03 Consultation provided by phone or mail | 05 Primary responsibility for investigation |
| 02 Handled by other person/office/agency | 04 Onsite visit or assistance | 06 OTHER: _____ |

STATUS OF REPORT: Check one:	Provisional <input type="checkbox"/>	Administratively Closed <input type="checkbox"/>	Final* <input type="checkbox"/>
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Comments:

Form completed by: _____ Date: _____

*A summary/write-up must be included.
Revised 12/03

CD-51